

Counselling Cervical Cancer Screening and Prevention

Advanced Mentorship on Cervical Health

Outline



PRE CERVICAL
cancer
counselling



Key Aspects of Pre-
Cervical Cancer
Counseling:



Life Course
Approche to
Cervical Cancer
Prevention and
Control



Follow-Up and
Support:



Informed Consent



summary



acknowledgement

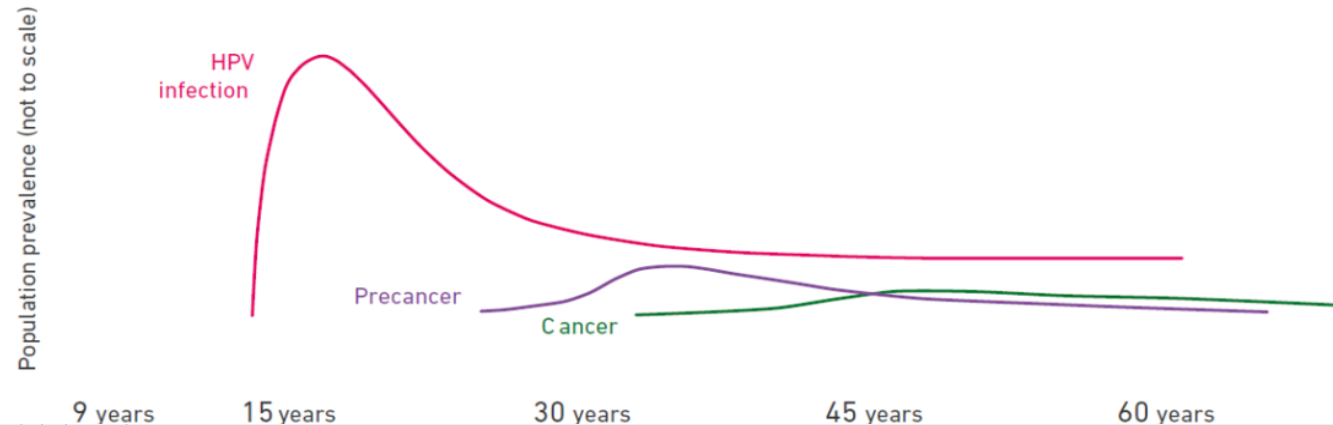
We know cervical cancer diagnosis can be overwhelming

Evelyn, a 32-year-old Kenyan woman, was not sick. In fact, she was in high spirits. Shortly before, a community health worker's announcement at a funeral had inspired her. He had spoken about a disease that affects women – cancer of the cervix – and explained that the disease is preventable. If early cervical cancer is not detected and treated, a woman can die from the disease.

The community health worker, a person she knew and trusted, gave Evelyn a card and told her where she should go to have a screening test. “I felt it was important for me to find out if I had any risk because, after all, I could get help.” When she returned two weeks later, she was told her test was negative, meaning it was normal. “I was greatly relieved,” she said. Now, she only needs to return for another test in five years' time.

Because she was treated so kindly and learnt so much, Evelyn has begun to speak publicly about her experience. Many women she has spoken to have followed her advice and have been tested. Two of these women have reported to Evelyn that they were treated for pre-cancer so they would not get cancer. Evelyn is happy to be helping others: “I don't want anyone to die when there is an opportunity for us to live.”

Life Course Approach to Cervical Cancer Prevention and Control



Primary Prevention

Girls 9-14 years

- HPV vaccination
- Girls and boys, as appropriate
- Health information and warnings about tobacco use
- Sexuality education tailored to age & culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

Secondary Prevention

Women > 30 years of age

- "Screen and treat" – single visit approach
- Point-of-care rapid HPV testing for high-risk HPV types
- Followed by immediate treatment
- On site treatment

Tertiary Prevention

All women as needed

- Treatment of invasive cancer at any age and palliative care
- Ablative surgery
- Radiotherapy
- Chemotherapy
- Palliative Care

2020-2030 Acceleration plan towards elimination

Vision: A world without cervical cancer

Goal: below 4 cases of cervical cancer per 100,000 woman-years

2030 TARGETS

90%

of girls fully vaccinated
with HPV vaccine by 15
years of age

70%

of women screened with
an HPV test at 35 and 45
years of age and **90%**
managed appropriately

30%

reduction in mortality
from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process

Key Aspects of Pre- Cervical Cancer Counseling:

- Education and Information:
 - **Understanding HPV and Cervical Cancer:** Information is provided about HPV (Human Papillomavirus), its link to cervical cancer, and how it is transmitted.
 - **Importance of Screening:** Counseling emphasizes the significance of regular cervical cancer screening, including Pap smears and HPV tests, for early detection of precancerous changes, which can be treated before they develop into cancer.
 - **HPV Vaccination:** The benefits of the HPV vaccine in preventing HPV infection and related cancers are discussed, especially for those in the recommended age range.



Health Education for Cervical Cancer Prevention

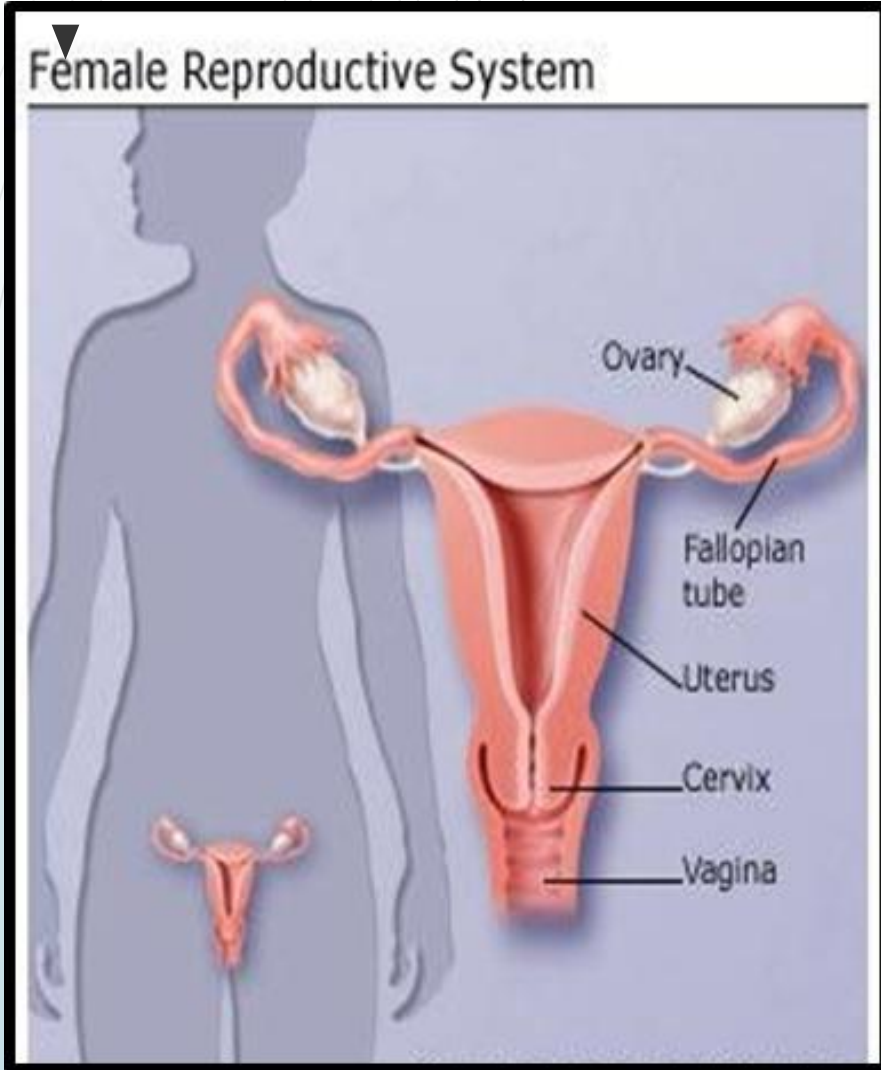
- ◀ Important information as a counsellor natural history and burden of CC as leading cause of cancer death for women in their 40s, 50s, 60s in Kenya
- ◀ Target group
- ◀ Cervical cancer is caused by an infection with a sexually transmitted virus (HPV). The infection can occur when women are very young, and most women are not aware of it.
- ◀ Increase awareness of symptoms of cervical cancer; encourage women to seek care if they have symptoms
- ◀ Reduce stigma, ignorance and fear surrounding cervical cancer
- ◀ Condoms offer partial protection from HPV, and may lower the risk of developing cervical cancer

History taking prior to VIA/VILI test

- Personal information (Name, age, partner's name, address, telephone number and LMP)
- Obstetric history
- History of past illness
- History of previous cervical cancer screening test
- Presence of symptoms:
 - Persistent foul smelling white discharge
 - Post-coital bleeding
 - Post-menopausal bleeding
 - Irregular menstrual bleeding

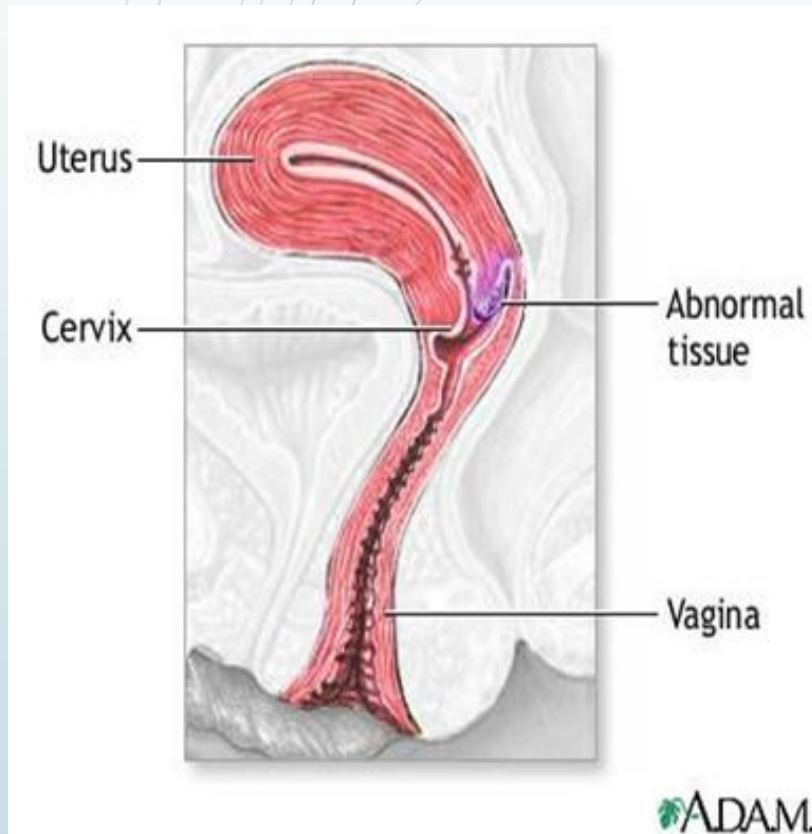


Women preparation for screening



- **Ovary:** Organ that produces eggs and female hormones. Signals from the ovary cause your body to menstruate.
- **Fallopian tube:** Carries egg to the uterus, where it may be fertilized if a male's sperm is present
- **Uterus:** Womb. Organ that prepares for and carries pregnancy to term.
- **Cervix:** Opening of the Uterus. The cervix maintains the pregnancy, and dilates at term to allow delivery
- **Vagina:** Birth Canal

Women preparation for screening



- Cancer of the cervix is very common among women in Kenya.
- The risk is increased among women who smoke, who are older than 30 and women who are infected with HIV.
- Cervical cancer grows very slowly. Doctors can use various tests to find abnormal cells on the cervix before they become cancer.
- Abnormal cells can be removed from the cervix before they become cancer. That procedure can safely be done in the clinic, during a normal visit.

Women preparation for screening

- ▶ The nurse or doctor will use a speculum to look at your cervix. They will apply liquid and then look at the cervix with a bright light.
- ▶ The speculum exam is not painful. It may feel cold and you may experience a small amount of pressure.
- ▶ Before the exam, you should go to the bathroom so that there is no pressure on your bladder.





What exactly is done during the screening test?

- Your provider will perform a test called “visual inspection with acetic acid.” You will have a pelvic exam, with an instrument called a speculum to allow the doctor to see your cervix. The test involves looking at your cervix with a bright light after putting a liquid (acetic acid or vinegar) on it.



How will women be screened?

- ◀ **Visual inspection with acetic acid (VIA)**
can be done with the naked eye

- ◀ Women have a visual inspection with acetic acid (VIA)

- ◀ This involves a speculum exam, during which a small amount of vinegar will be applied to the woman's cervix. After one minute, the provider will look at the cervix using a bright light. Any cells that appear white mean that the test is positive.

Frequently Asked Questions

⑩ What if my test is negative?

- ⑩ If your screening test is negative, your cervix appears normal, and your chances of developing cervical cancer are extremely low. You will have another screening test in 3 years to make sure changes do not develop.

⑩ What if my test is positive?

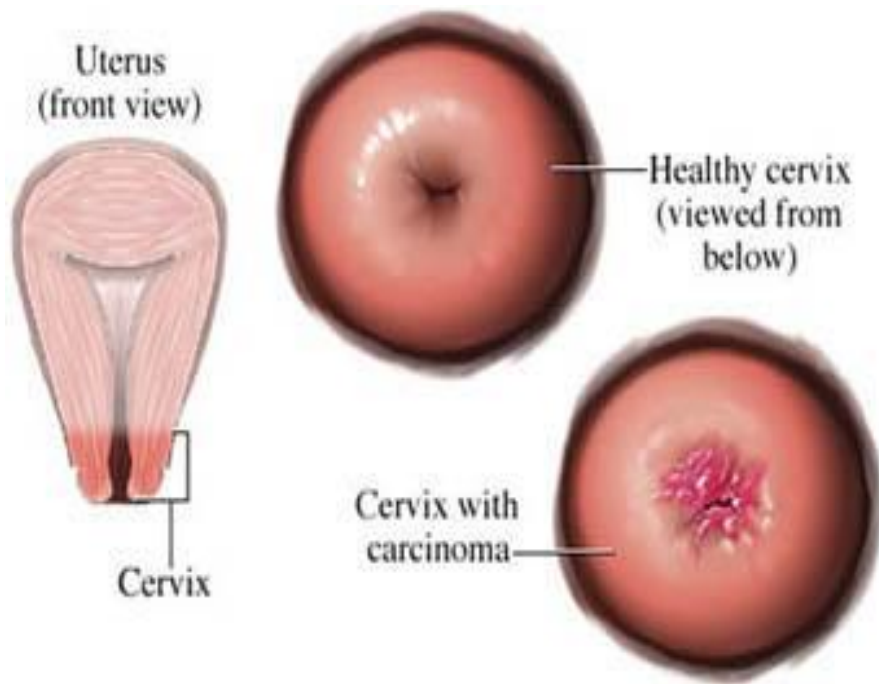
- ⑩ Your provider will do a second test, called a colposcopy. He or she will use the same liquid and look at your cervix with a special camera that magnifies it to be able to see the cells. If any cells look abnormal, your doctor may want to take a biopsy.

⑩ What is a biopsy?

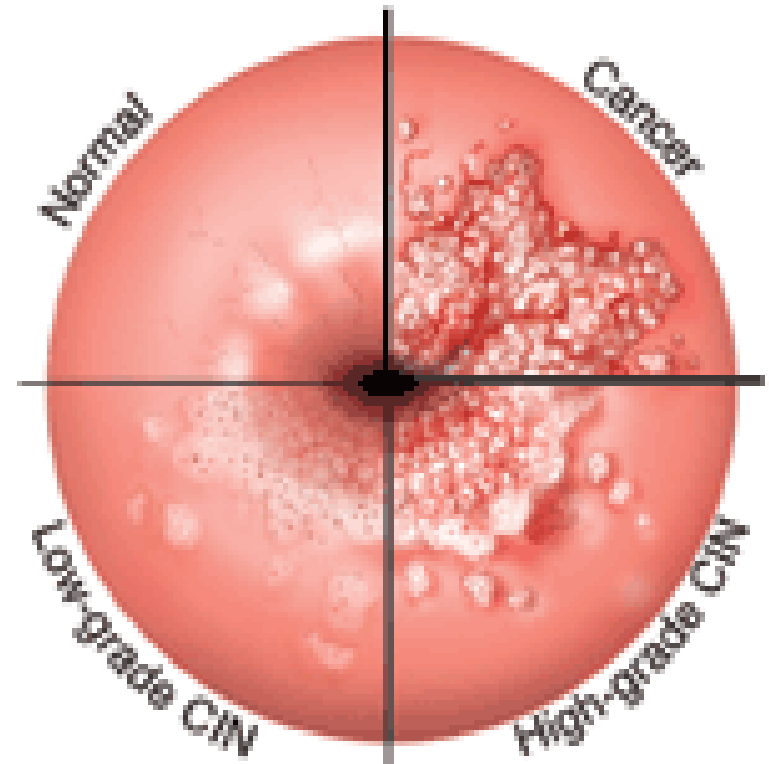
- ⑩ A biopsy is a small sample of tissue from your cervix, about half the size of a grain of rice. The biopsy should not hurt, although you may have a small amount of spotting afterward.

Possible out Comes of screening

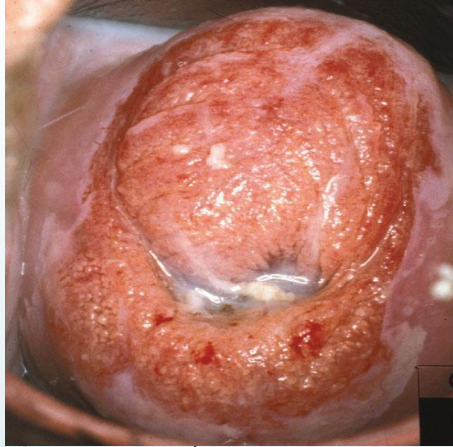
Health vs unhealthy cervix



Possible outcomes after screening



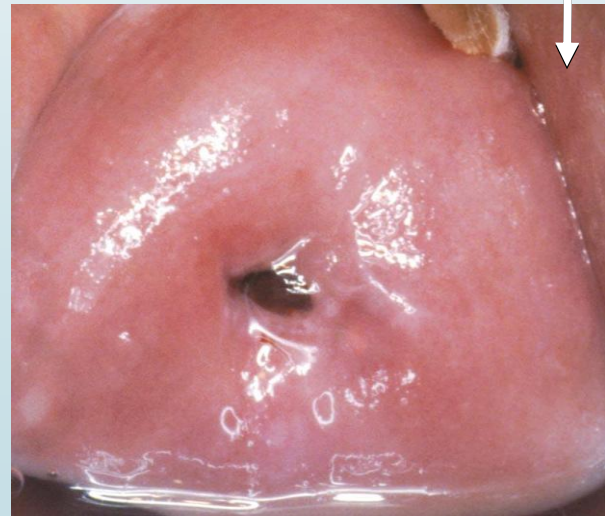
Life cycle of the SCJ



— Adolescents and young women

Reproductive years

Postmenopause





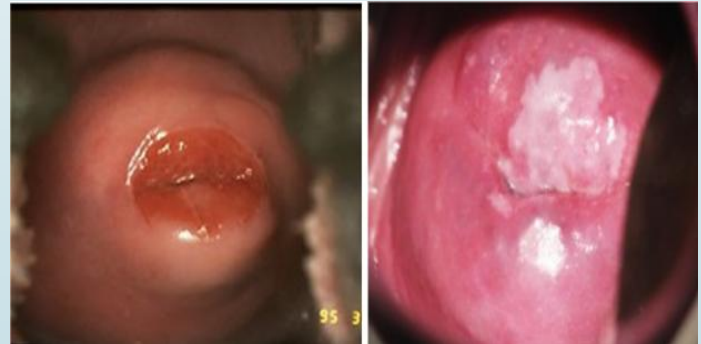
VIA

- Visual Inspection with Acetic Acid (VIA) is a technique for the detection of pre-cancerous or cancerous lesions in the cervix.
- The application of dilute acetic acid on such lesions triggers whitening of these regions.
- VIA is a relatively simple, low-cost method presenting immediate results.
- A positive result can be followed by immediate treatment (i.e. single-visit approach).
- VIA is subjective and depends on the skills and experience of the provider.

VIA Screening Results:

Negative

Positive

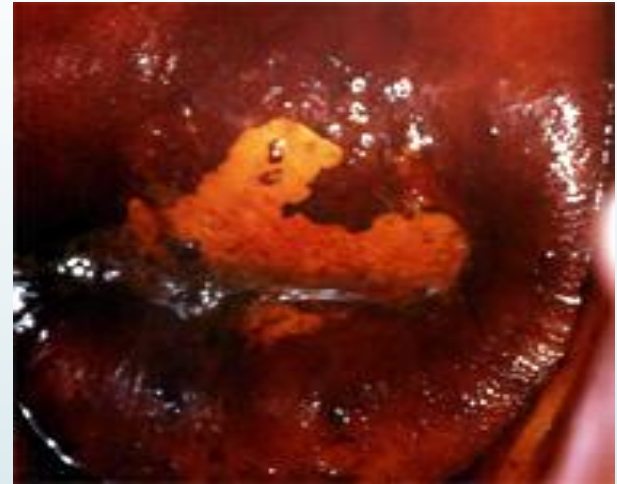


VILI: test-positive

← Well-defined, bright yellow iodine non-uptake areas touching the squamocolumnar junction (SCJ).

← Well-defined, bright yellow iodine non-uptake areas close to the os if SCJ is not seen, or covering the entire cervix.

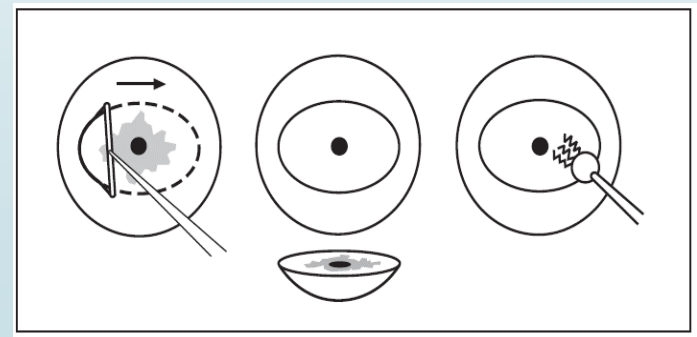
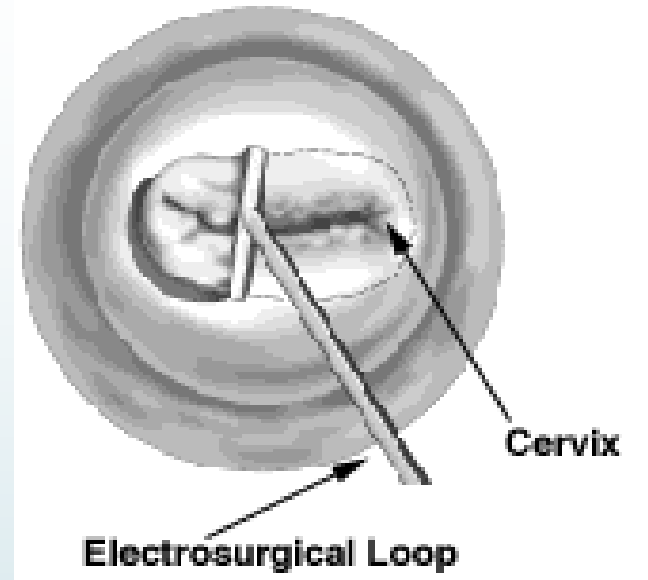
Photo source: IARC



Frequently Asked Questions

← How is cervical precancer treated?

- ← Your doctor can perform a procedure to remove the precancerous cells from your cervix. This is called a LEEP procedure
- ← The procedure can be performed under local anesthesia on an outpatient basis and usually takes 10-15 minutes; however, a patient should stay in-facility for a few hours to assure bleeding does not occur.





Informed Consent:

- Informed consent is crucial, where the woman provides explicit permission for a procedure or test after receiving sufficient information to make an informed choice.
- This process respects the woman's autonomy and ensures she understands the facts about cervical cancer, screening, and potential outcomes.
- By providing comprehensive information and support, pre-cervical cancer counseling plays a vital role in preventing cervical cancer and ensuring women receive the necessary care and follow-up.

Addressing Concerns and Fears:

Overcoming Barriers: Counselling helps women feel more comfortable and confident about gynecological check-ups and screening procedures.

Clarifying Doubts: It provides an opportunity to address questions and concerns related to cervical cancer prevention, screening, and treatment.

Who Provides Counseling?

- Healthcare providers at various levels, including nurses, midwives, clinical officers, and medical doctors, can provide cervical cancer counseling after competency-based training.
- Counseling Approaches:
 - Individual Counseling: One-on-one sessions tailored to the individual's needs and concerns.
 - Couples Counseling: Including a partner or spouse can facilitate open communication and support for decision-making.
 - Group Counseling: Used for general education, awareness raising, and addressing common myths and misconceptions.

Common Misconceptions and Facts about Cervical Cancer

Misconception	Fact
Intrauterine Devices (IUCDs) cause cervical cancer	IUDs are not linked to any increase in cervical cancer
In screening, a part of your body is removed	Cervical Cancer screening involves only looking at the cervix after applying a liquid.
Screening is like a vaccine, once you get it, you will not get cervical cancer.	Screening itself does not prevent cervical cancer, but it does detect if the cervix is normal or not. If abnormalities are detected early and treated, cancer can be prevented.

Common Misconceptions and Facts about Cervical Cancer

Misconception	Fact
There is no point in going for screening. It only tells a woman that she has a fatal condition and there is nothing that can be done about it.	Screening can detect abnormalities before they become cancer. Also, if detected and treated early, cancer can be prevented.
Cervical Cancer is seen in women with poor hygiene practices	There is no evidence that poor hygiene causes cervical cancer.
Use of tampons and herbs can cause cancer of the cervix	Cervical cancer is caused by a virus called HPV. Other risk factors include smoking and having multiple sex partners, but tampons and herbs do not increase the risk.



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Frequently Asked Questions

◀ **Is cervical cancer a sexually transmitted infection? (STI)**

◀ No, but HPV is a sexually transmitted infection, which is quite common in both men and women. Only a few women with HPV will go on to get precancer. If not treated, some of these women will develop cervical cancer, many years after they were infected with HPV.



Frequently Asked Questions

← Can cervical cancer be prevented?

← Yes, by limiting the number of new sexual partners, using condoms, delaying childbearing and not smoking tobacco. HPV vaccines are being introduced that will help prevent cancer by being given before women have first intercourse. Right now, the best way to prevent cervical cancer is through screening and treatment of precancer.



Role of Counselor

- ◀ Raise awareness in group settings
 - ◀ Private counseling for women with or concerns
 - ◀ Encourage women to overcome fear or embarrassment surrounding pelvic exams
 - ◀ Emphasize importance of follow-up for results and potential treatment to reduce risk
- ◀ Identify women who are eligible for CCSP



Infrastructure

- ← Private exam room
- ← Examination table
- ← Trained health professionals
- ← Adequate light source
- ← Sterile vaginal speculum
- ← New examination gloves, or HLD surgical gloves
- ← Large cotton swabs
- ← Lugol's iodine solution and a small bowl
- ← Containers with 0.5% chlorine solution
- ← A plastic bucket with a plastic bag
- ← Quality assurance system to maximize accuracy

Summary

- Quality pre-cervical cancer counseling plays a vital role in:
 - **Educating women:** Ensuring they have accurate information about cervical cancer prevention, screening, and treatment.
 - **Empowering decision-making:** Helping women make informed choices about their health and participate actively in their care.
 - **Reducing psychological burden:** Alleviating anxiety and fear associated with screening and potential diagnosis.
 - **Promoting compliance:** Increasing adherence to screening and treatment recommendations.
 - **Improving quality of life:** Enhancing emotional well-being and promoting overall well-being.



THANK YOU

